

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name

City of San José

Division, Department, or Region (if applicable)

Department of Parks, Recreation and Neighborhood Services

Designated Agency Contact (Name, Title)

Amy Chamberlain, Analyst I

Area Code/Phone Number

(408) 793-5506

E-mail

amy.chamberlain@sanjoseca.gov

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California Form 802

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☐ **Amendment** (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 129.50

Event Description: Childish Gambino (Concert) Date(s) 12 / 12 / 20 _____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Strategic Partnerships Unit (Parks, Recreation, and Neighborhood Services)	16	Recognition of evaluators who dedicated 20-25 hours of time to the Safe Summer Initiative.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Amy Barnwell
Signature of Agency Head or Designee

Amy Barnwell
Print Name

Staff Specialist
Title

01-18-2019
(month, day, year)

Comment: _____